

Payroll Payments Authorisation

Newport Credit Union. • 5 Market Arcade • Newport • South Wales • NP20 1FS
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Please complete the following in **BLOCK CAPITALS**

Membership No: _____

Title: _____

Surname: _____

Forename(s): _____

Employers Name: _____

Employees Dept: _____ Payroll Number: _____

I authorise my employer to deduct from my pay £ _____ in words _____

Monthly

Four Weekly

Fortnightly

Weekly

Start Date (/ /) until further notice.

Employee Signature: _____

Date: / /

Newport Credit Union Signature: _____

Date: / /

I instruct Newport Credit Union to divide these deductions into the following amounts:

Shares

£

Loan

£